



# EMPLOYER REGISTRATION FORM

On behalf of our employees, my organization would like to participate in the Alameda County CMA Guaranteed Ride Home Program. I agree to abide by the policies of this program and inform our employees of the proper use of this service.

I understand that the Alameda County Congestion Management Agency (CMA) has made arrangements with outside transportation vendors. Neither the Alameda County CMA nor the employer is responsible for the actual service provided.

I understand that by participating, my organization agrees to provide a "contact person" who will be responsible for:

- Informing employees about the program
- Providing employees with registration forms when requested
- Providing employees with vouchers when "instant enrollments" are necessary
- Assisting with an annual program evaluation

Contact Person for Program \_\_\_\_\_

Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Address

City

State

ZIP

Business Park (if any) \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Approximate number of employees at worksite: \_\_\_\_\_

How did you find out about the Guaranteed Ride Home Program? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fax or mail this registration form to:** Alameda County CMA Guaranteed Ride Home Program  
c/o Nelson\Nygaard  
833 Market Street, Suite 900  
San Francisco, CA 94103  
FAX: (415) 284-1554